

Impact and Needs/Requirements Assessment (INRA)

Name of Policy:	Provision of Handy Person service
Lead Officer (responsible for assessment):	Liz Knox, Head of Environmental Services
Department:	Environmental Services
Others Involved in the Assessment (i.e. peer review, external challenge):	John Tanswell/Karen See, Principal Environmental Health Officer (Domestic)
Date INRA Completed:	18 th June 2014

'Policy' needs to be understood broadly to include all Council policies, strategies, services, functions, activities and decisions.

(a) **What is the policy trying to achieve?** i.e. What is the aim/purpose of the policy? Is it affected by external drivers for change? What outcomes do we want to achieve from the policy? How will the policy be put into practice?

To help prevent falls in older people by improving the condition of housing and health across Cambridgeshire through the provision of a Handy Person Service.

Availability and condition of housing are acknowledged to be amongst the most important wider determinant of health. A key contribution to maintaining and improving the condition of housing and health and reducing falls includes the provision of District-led, multi agency handy person service which have been established across the County for many years. The service deliver low level interventions such as repairs and maintenance services, hospital discharge service, checks around the house, first contact and referral services and other housing maintenance related services to older individuals.

The schemes are trusted by older people who may not trust the "market" provision; in addition many of the smaller jobs would not be undertaken by the market.

There are significant implications for the health, wellbeing and independence of older people who have had a fall. There are significant financial implications as:

1. Home accidents, particularly falls, burns and scalds in the over 65's age group, cost the health service around £3bn a year and increase dependency on council and other services (approximately 57,000 older people attend A&E departments each year due to accidents on the stairs)
2. Falls are a major cause of death and disability for older people. N 19199 there were 647,721 A&E attendances and 204,424 admissions to hospital for fall-related injuries to people aged 60 and over. The cost of this was £981m, of which 59% was incurred by the NHS and remainder by social services for long term care

A task and finish group were set up as requested by the Health and wellbeing board to explore possible future funding and procurement options and delivery models to enable the handy person services within Cambridgeshire to continue.

The Cambridgeshire Health and Wellbeing Strategy 2012-17 contains 6 priorities.

The primary priority that the handy person service falls within is Priority 2 – support older people to be independent, safe and well. Two secondary priorities also apply:
 Priority 4 – Create a safe environment and help build strong communities, wellbeing and mental health and
 Priority 6 – Work together effectively.

By committing to funding this service we will provide an additional service for elderly vulnerable residents within the district. They will be provided with a service that should help them get small jobs undertaken that will increase their health, wellbeing and safety in their homes

Key out comes

For people in receipt of the Handy Person Service the benefits include:

- Improved wellbeing
- Independence maintained
- Remaining in their own home
- Reduction in fuel poverty
- Improved confidence of the service user
- Improved access to other services through improved signposting and onward referral to other agencies

For the whole system:

- Less attendances at A&E
- Less hospital admissions
- Less demand for social care services
- Less demand for community based health services

(b) Who are its main beneficiaries? i.e. who will be affected by the policy?

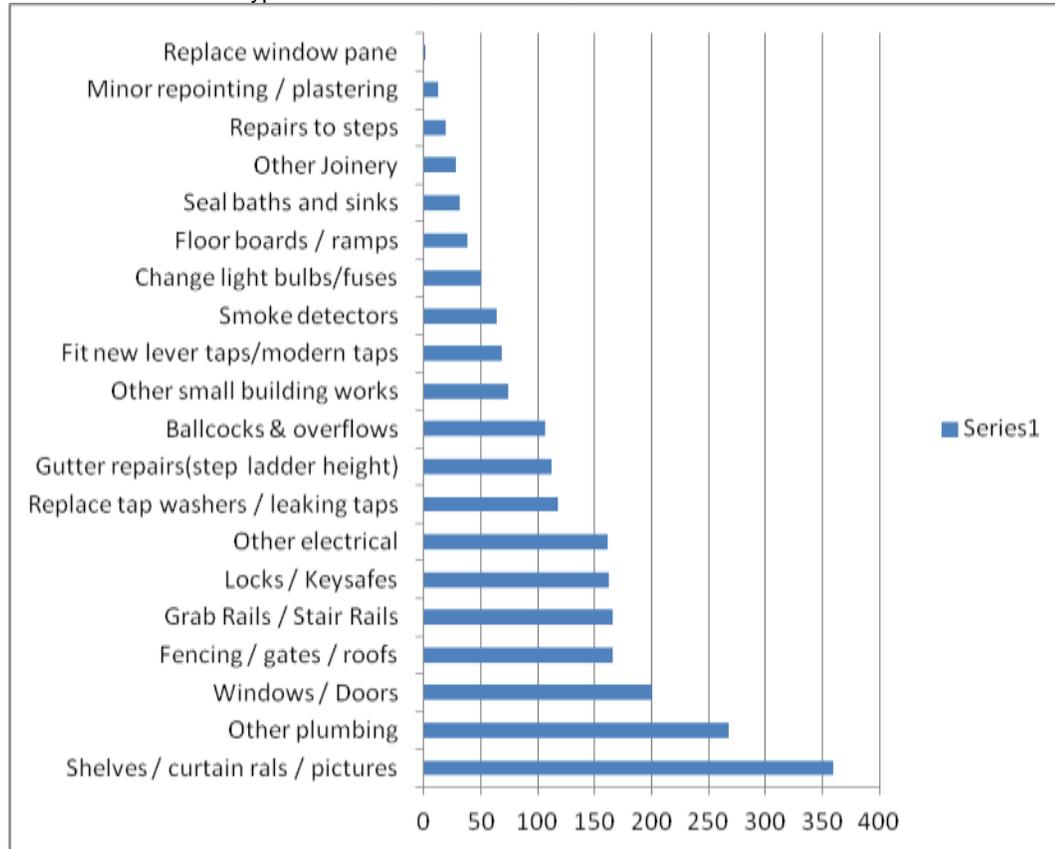
Elderly vulnerable residents living in the district.

(c) Is the INRA informed by any information or background data (quantitative or qualitative)? i.e. consultations, complaints, applications received, allocations/take-up, satisfaction rates, performance indicators, access audits, census data, benchmarking, workforce profile etc.

The number of jobs completed during the last year of operation of the handyperson service in East Cambridgeshire was 649. This demonstrates that this was an important provision to support local elderly and vulnerable residents of the District in obtaining minor works through a recognised and reliable source.

Table 1 over the page sets out the amount and type of work undertaken during the last three years of the service.

Table 1: Amount and Type of Work Undertaken in Last 3 Years



Customer satisfaction surveys carried out also indicated the value residents put on the service being provided.

(d) Does this policy have the potential to cause an impact (positive, negative or neutral) on different groups in the community, on the grounds of (please tick all that apply):

Ethnicity
Gender
Disability

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Age
Religion and Belief
Sexual Orientation

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please explain any impact identified (positive, negative or neutral): i.e. What do you already know about equality impact or need? Is there any evidence that there is a higher or lower take-up by particular groups? Have there been any demographic changes or trends locally? Are there any barriers to accessing the policy or service?

The provision of the service will have a positive impact on those eligible. This will increase in numbers due to the ageing population.

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(e) Does the policy have a differential impact on different groups?

YES

(f) Is the impact *adverse* (i.e. less favourable) on one or more groups?

NO

(g) Does it have the potential to disadvantage or discriminate unfairly against any of the groups in a way that is unlawful?

NO

(h) What additional information is needed to provide a clear picture of how the activity is impacting on different communities and how will you collect this information, i.e. expert groups, further research, consultation* etc? Where there are major gaps in information that cannot be addressed immediately, these should be highlighted in your recommendations and objectives at the end of the INRA.

When service is operating will collect information on service use, customer satisfaction and monitor impact on health budgets

* The Consultation Register is available to assist staff in consulting with the Council's stakeholders. If you are consulting on a new or revised policy contact the Principal HR Officer.

(i) Do you envisage any problems with these methods of information collection? i.e. not accessible to all, timescale not long enough to obtain all of the necessary information, translation facilities not available, insufficient resources etc.

No

(j) If it has been possible to collect this additional information, summarise the findings of your research and/or consultation (please use a separate sheet if necessary).

N/a

(k) What are the risks associated with the policy in relation to differential impact and unmet needs/requirements? i.e. reputation, financial, breach of legislation, service exclusion, lack of resources, lack of cooperation, insufficient budget etc.

If the Council choose not to support the provision of a county wide Handy person service, residents from ECDC will be receiving a lesser service compared to other districts within Cambridgeshire.

